



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)  
Indiana Election Commission (IC 3-9-5-14)  
Approved by State Board of Accounts 1999

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>BUSCH FOR SCHOOL BOARD COMMITTEE</b>	
2. Acronym or abbreviated name, if any <b>N/A</b>	3. Committee telephone number <b>(317) 787 8591</b>
4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>120 JORDAN RD</b>	
5. City, state, ZIP code <b>INDIANAPOLIS IND 46217</b>	6. Party affiliation (if applicable) <b>N/A</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname) <b>MARY E. BUSCH</b>	8. Party affiliation or if independent candidate <b>N/A</b>
9. Office sought (include district number, if any. Not required for exploratory committee.) <b>NONE AT THIS TIME</b>	10. County of residence <b>MARION</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>JANUARY 1, 2015</b> Through: <b>DECEMBER 31, 2015</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>1728.77</b>	
14. Cash on hand and investments January 1, current year.		<b>1728.77</b>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)		
15b. Unitemized	<b>0</b>	<b>0</b>
15c. Add lines 15 a and 15b in both columns	<b>0</b>	<b>0</b>
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>1680.95</b>	<b>1680.95</b>
17b. Unitemized	<b>47.79</b>	<b>47.79</b>
17c. Add lines 17a and 17b in both columns	<b>1728.77</b>	<b>1728.77</b>
<b>SUBTOTAL</b>	<b>1728.77</b>	<b>1728.77</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>
19. Debts OWED BY the committee (use Schedule D)	<b>0</b>	<b>0</b>
20. Debts OWED TO the committee (use Schedule E)	<b>0</b>	<b>0</b>

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <b>Mary E. Busch</b>	Title <b>TREASURER</b>	Date <b>1-13-2016</b>
Signature of Candidate (if applicable) <b>Mary E. Busch</b>		Date <b>1-13-2016</b>

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

*Myla A. Eldridge*

JAN 10 2016

FILED



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by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Approved

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> INDIANAPOLIS SYMPHONY ORCHESTRA PO BOX 72K INDIANAPOLIS IND 46207		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> ASSISTANCE LEAGUE 1475 W 96TH SUITE C INDIANAPOLIS IN 46246		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE INDIANAPOLIS IN 46202		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> UNITED NEGRO COLLEGE FUND PO BOX 55045 BOSTON MA 02205		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN INDIANAPOLIS IND 46208		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> SALVATION ARMY PO BOX 98K INDIANAPOLIS IND 46206		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	100 <sup>00</sup>	100 <sup>00</sup>	12/5/15
Code <u>C</u> CONNER PRAIRIE 13400 ALLISONVILLE RD FISHERS IND 46038		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	200 <sup>00</sup>	200 <sup>00</sup>	12/5/15
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 800 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

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Code <u>C</u> CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR MARTIN LUTHER KING JR ST INDIANAPOLIS IND 46209		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	200 <sup>00</sup>	200 <sup>00</sup>	12/5/15
Code <u>C</u> FRANCISCAN ALLIANCE FOUNDATION 5255 E. STOP 11 RD ST 245 INDIANAPOLIS IN 46237		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	250 <sup>00</sup>	250 <sup>00</sup>	12/5/15
Code <u>C</u> GOODWILL INDUSTRIES FOUNDATION 1635 W. MICHIGAN ST INDIANAPOLIS IND 46222		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	200 <sup>00</sup>	200 <sup>00</sup>	12/5/15
Code <u>C</u> AMERICAN CANCER SOCIETY P.O. Box 68928 INDIANAPOLIS IND 46208		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	115 <sup>00</sup>	115 <sup>00</sup>	12/5/15
Code <u>C</u> WHEELER MISSION P.O. Box 3085 INDIANAPOLIS IN 46206		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>DONATION</u>	115 <sup>98</sup>	115 <sup>98</sup>	12/5/15
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 880 <sup>98</sup>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 1680 <sup>98</sup>		